
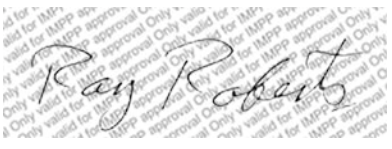


# KANSAS DEPARTMENT OF CORRECTIONS

	<b>INTERNAL MANAGEMENT POLICY AND PROCEDURE</b>	<b>SECTION NUMBER</b>  <b>15-101</b>	<b>PAGE NUMBER</b>  <b>1 of 7</b>
		<b>SUBJECT:</b>  <b>WORK RELEASE AND PRISON/NONPRISON BASED PRIVATE INDUSTRY PROGRAMS: Selection Criteria and Placement Procedures</b>	
<b>Approved By:</b>    <b>Secretary of Corrections</b>		<b>Original Date Issued:</b> <b>04-25-91</b>	<b>Current Amendment Effective:</b> <b>03-11-13</b>
		<b>Replaces Amendment Issued:</b> <b>11-19-12</b>	

## POLICY

In order to facilitate reentry and recidivism-reduction, and transition to the community at release, it is the policy of the KDOC to prepare inmates for, and provide access to, work release and prison-and-non-prison-based private industry employment, when it is safe for the community, and the inmate has a need for such a program.

## DEFINITIONS

Clinical Services Report: A report prepared by clinical professional staff that provides information about risk and need of potentially violent offenders, including sex offenders.

Director of Sex Offender Management: A Central Office position that oversees the department's management of sex offenders, monitors the sex offender treatment program/contract, and administers the Multidisciplinary Team (MDT) and override process for sex offenders.

Multidisciplinary Team: Individuals selected by the Secretary of Corrections from a variety of state and private sources for the express purpose of assessing whether or not a person meets the definition of a sexually violent predator.

Private non-prison based employment: Private enterprises that operate within a community setting and employ inmates with minimum custody work.

Private prison based employment: Private enterprises which operate on the grounds of a correctional institution and employ inmates.

Program Management Committee: The committee, consisting of the warden or designee and an administrative/supervisory representative from the Programs and the Security divisions of the facility responsible to review and approve or deny proposed classification exceptions, program placements including amendments to program plans, and transfer requests/recommendations.

Work Release Program: Any work release programs as authorized by KSA 75-5267 and governed by KSA 75-5268, applicable Internal Management Policies and Procedures, and facility general orders as approved by the Secretary of Corrections or designee, in a KDOC facility or county facility pursuant to an agreement with that county.

## **PROCEDURES**

### **I. Preparing Inmates for Work Release**

- A. As part of ongoing case management, unit team staff shall review cases that are 24 months from release, to determine whether the inmate is a likely candidate for future referral to work release. Additionally, unit team shall work with the inmate to help him/her prepare for work release or private industry, addressing readiness, barriers to minimum custody (such as detainers, disciplinary reports, other behavior issues, etc.); job readiness; anti-social thinking; etc.

### **II. Determining Eligibility for Work Release**

- A. Every inmate shall be screened to determine if s/he is a good candidate for work release placement, in time to place inmates in work release 6-14 months from release, using the screening/referral tool at Attachment A. Any inmate is eligible for work release, provided:
1. The inmate does not have a diagnosis of pedophilia, or an Axis I diagnosis of not otherwise specified exhibitionism, fetishism, frotteurism, sexual masochism, sexual sadism, transvestic fetishism or voyeurism;
  2. The inmate is managed as a sex offender who is not precluded by #1, and s/he has successfully completed sex offender treatment or obtained an override from treatment;
  3. The inmate is physically capable of seeking and maintaining employment, with reasonable and available assistance for any physical limitation;
  4. Any medical or mental health treatment needs can be adequately addressed in the work release setting, including the ability to access necessary medication;
  5. The inmate has no history of escapes from a secure facility in the last ten (10) years;
  6. The inmate is not currently, and has not within the past year been, involved in organized criminal activities, including gang or security threat group activities;
  7. The inmate has not been convicted of:
    - a. A Rule 1 disciplinary infraction; or
    - b. A Rule 2 infraction for arson, or dangerous contraband not involving a weapon or statutory violation (felony crime), within the last six (6) months
  8. The inmate does not have a pending felony detainer or a misdemeanor detainer that it is known will require the offender to serve more than sixty (60) days in a local jail after release from KDOC;
  9. The inmate's history does not reflect current, ongoing violent, assaultive or dangerous behavior;
  10. There are no other indicators that an inmate is too great a risk to the community if placed in a work release setting, including recent behavior, discharge summaries from treatment or a Clinical Services Report reflecting high risk for violent behavior, or otherwise.

### **III. Referring an Inmate for Work Release Placement & Making the Decision Whether to Place**

- A. If after screening, unit team concludes a referral to work release is appropriate, using the screening/referral form (Attachment A), unit team shall make a referral for work release. In the referral, unit team shall specifically address:

1. Work history, employment/education risk/need per LSIR, employment history, and job readiness (e.g., whether the inmate has completed any job readiness class, etc.), and what plan the inmate has for seeking/gaining/keeping employment, including the transportation to/from job search/work plan when applicable.
  2. Relevant substance abuse history (e.g., recent use, treatment, impact on employment in the past, etc.).
  3. If the inmate is high or moderate risk for anti-social thinking, based on the LSIR attitudes/orientation, criminal history, companions and/or leisure time domains, what has been done to address this, if anything (e.g., completed *Thinking for a Change*).
  4. Whether the inmate completed a work release readiness class; if so, was it a successful/unsuccessful completion, and when.
  5. The status of the inmate's identification (driver's license, birth certificate, social security card) and if the inmate was required to register for selective service, if/when that was done. Note: Identification is necessary to obtain employment, so should be addressed before an inmate goes to work release.
  6. Any special services related to employment assistance the inmate may qualify to receive, such as vocational rehabilitation or veteran status.
  7. If there is a pending detainer, what has been done to address it, and the status; and specifically if the offender will likely be required to serve time in a local jail after release, and how that fact impacts work release placement.
  8. Any pro-social support the inmate may have (e.g., family, clergy, mentor, etc.; describe the status of this relationship, and where this person is), and whether the inmate will still have access to him/her if placed in work release.
  9. Is work release placement a goal in this inmate's case plan and/or is the referral made at the recommendation of the Kansas Prisoner Review Board? If so, please indicate any details about the Board's recommendation.
  10. Is there any pending mental or medical health issue that work release should know about, and if so, what is the status?
  11. Any other information you think would be useful to making the decision about whether to place this inmate in work release, or about what case management and job assistance the inmate may require once at work release.
  12. That the rules of the program to which the inmate is being referred have been provided to and reviewed with the inmate, including special rules related to inmates managed as sex offenders when applicable.
    - a. Rules and procedures for non-KDOC for work release programs are available, and will updated as needed, on the KDOC Intranet.
- B. Once the referral has been completed, it shall be processed as follows:
1. If the offender is **managed as a sex offender**, send the referral to the Director of Sex Offender Management.
    - a. The Director of Sex Offender Management shall make a recommendation to approve or disapprove the referral for further processing, after considering sex offending history, risk/need assessments, treatment progress, notes and discharge summary, polygraph results, status current or potential as a sexually violent predator, clinical reports or information, diagnoses, parole

violations, institutional behavior, or any other information relevant to current risk for sexually reoffending. The Director shall forward information with his/her approval/disapproval/conditions to the referring facility, to include in the ongoing referral process/information.

- (1) The Director of Sex Offender Management may recommend approval subject to some specific conditions, and if so, those conditions shall be indicated with the approval, and shall become part of the rules the inmate will follow if placed.
  - b. The recommendation of the Director of Sex Offender Management shall be forwarded to the Deputy Secretary of Facilities Management or designee, who shall have the final say whether the sex offender's referral shall go forward. This decision shall be conveyed back to the referring facility as final.
2. If the offender is not managed as a sex offender, or is managed as a sex offender and has been approved for further processing per #B1 above, the completed referral form shall be sent to the Unit Team Manager for approval/disapproval.
  3. If the Unit Team Manager approves the referral, it shall be sent to the Classification Administrator for approval/disapproval.
  4. If the Classification Administrator approves the referral, it shall be sent to the facility's Program Management Committee (PMC) for approval/disapproval.
  5. If the PMC approves the referral, the Classification Administrator shall notify Victim Services, Medical and Mental Health of the referral seeking input from each.
  6. After receiving input from Victim Services, Medical and Mental Health, the referral shall be sent to the work release facility or for non-KDOC programs, the designee of the Deputy Secretary of Facilities Management, for final determination, together with any input provided by Victim Services.
  7. The work release facility shall make a final determination as to whether the inmate will be placed in the facility, and notify the referring facility or Deputy Secretary's designee of the decision.
  8. The inmate shall be advised of the final decision as directed by the referring facility, and the referring facility shall schedule the inmate for transport or transfer, and provide him/her with a copy of the rules for the work release program to which s/he is being transported or transferred.

#### **IV. Placement in Work Release**

- A. All inmates placed in work release shall be required to do the following:
  1. The inmate shall have been continuously housed in a minimum security living area for at least thirty (30) days, immediately preceding placement in work release.
  2. Complete an acknowledgement concerning work release placement, using Attachment B.
  3. Comply with all rules, general orders, policies and procedures of the program and department.
  4. Participate in any job readiness or other risk-reduction programming as required by his/her unit team counselor.
  5. Actively seek and maintain full time employment, in the time frame as directed by program staff and unit team counselor.

- a. If program and unit team staff determine the inmate needs to complete some programming at the facility prior to full time employment that shall be reflected in the inmate's case plan and his/her job search and employment requirement shall be tailored to this plan.
- 6. Remain in the facility at all times except when going to/coming from work, or as approved, for job searching, job training or point-to-point passes.
  - a. The facility shall develop, publish, post and make available information about how to request a pass; when passes will be granted; and methods for insuring the passes are used for the purposes granted only.
- B. Inmates managed as sex offenders shall also be required to do the following:
  - 1. For inmates with a SOTP Discharge Summary recommendation providing for no contacts with minors, the following shall apply:
    - a. No contact: the inmate shall not have face to face or telephonic communication, physical touching of any kind, written correspondence, electronic/computer correspondence, or any indirect communication through third parties; and,
    - b. Incidental contact: the inmate may have contact that randomly occurs as one goes about daily life, without prior planning or intent.
  - 2. Fully comply with all treatment requirements, including any community contract or relapse prevention plan prepared or agreed-to by the inmate as part of sex offender treatment, including the requirement to participate in ongoing group treatment, polygraphs, or any other treatment requirements;
  - 3. Participate with unit team and treatment staff in developing a specific personal maintenance contract, using Attachment C, that takes into account the sexual preoccupation or sexual offending cycle of the inmate, that addresses employment, transportation (vehicle or walking), social activities (church, library, shopping), computer access, programs, medication, visits, any conditions imposed by the Director of Sex Offender Management as a condition of approval of the work release referral, and any other issue deemed necessary by SOTP treatment, program or treatment staff.
    - a. Unit team and SOTP treatment staff shall communicate a minimum of once per month about progress, behaviors, and status of all inmates managed as sex offenders as part of the case management plan during work release.
- C. The Warden or Designee shall maintain as a permanent record in the inmate's file of the following:
  - 1. Disbursement of the inmate's earnings in accordance with IMPP 04-109;
  - 2. The name, address, and telephone number of the employer;
  - 3. The job or position title in which the participant is employed;
  - 4. The rate of compensation and pay period interval; and
  - 5. The inmate's regular work schedule.
- D. The Warden or Designee shall provide information to the employer about the work release program including the address and telephone number of the facility.

## V. Termination and Removal Procedures

- A. The Warden or Director of the work release facility, or designee may terminate an inmate's participation in a work release program for any of the following:
1. The inmate is not working conscientiously or effectively toward getting or keeping employment after a reasonable time and after receiving reasonable support in this effort, including if the inmate is terminated for cause or under circumstances that indicate the inmate's risk has become unacceptable.
  2. The inmate is subject to disciplinary action as a result of a serious rule violation or repeated minor conduct rule violations which become unduly disruptive or create too much risk.
  3. The inmate becomes involved in criminal activity or is suspected of criminal activity which is reported to the district or county attorney for prosecution.
  4. The inmate is not able to conform to the program structure or facility rules based upon documented situations by the staff.
  5. The inmate's activities may bring discredit to the overall work release program.
  6. The inmate requests, in writing, their voluntary removal from the program, and/or
  7. The inmate leaves the facility without proper authorization or does not return as directed or schedule.
  8. The inmate is managed as a sex offender, and the SOTP treatment provider and unit team consult on the case and determine his/her behavior indicates an increased risk of sexually reoffending; and/or the MDT determine the inmate is high risk under the sex predator act.
  9. If for any other reason the placement becomes unsafe for the facility, community or inmate.
- B. Inmates may be transferred to another KDOC facility if extended hospitalization or treatment is recommended, or if the inmate is financially unable to meet the cost of short term hospitalization. The inmate may be removed from the program, or returned after treatment.
- C. If an inmate is terminated from a work release program, the reasons shall be documented, and the inmate transferred from the facility.

## VI. Prison Based and Non-Prison Based Private Industry Employment

- A. All eligible inmates who are 12-96 months from release (except offenders serving an indeterminate sentence who must be within 36 months of their parole eligibility date, or off-grid sentence committed after 7/1/93, who must be within 36 months of release) shall be considered for private industries assignment as authorized by KSA 2011 Supp. 75-5210(a)(k)&(m) and KSA 75-5267 and KAR 44-7-108.
- B. The selection criteria set out in II.A above (for placement in work release) shall be followed for placement in private **non-prison based** employment. Criteria for **private prison-based** employment shall be dictated by the security of the area where the industry is located, and reflected in facility general orders.
- C. Inmates may be referred to private industries at other facilities, using the referral form and criteria at Attachment A, except in the wardens' discretion sex offenders who are in treatment, making progress, and not deemed to be an undue risk after consultation with the treatment provider, can be placed in a non-prison-based or prison-based private industry. Referrals for

private industries at other facilities shall be sent to the Classification Administrator of the receiving facility, and if the inmate is approved, the inmate shall be transferred to the receiving facility.

1. In some instances, an inmate is required to complete an application for employment by the private industry, and when that is the case, this shall be completed before final approval and transfer.

## **VII. Per Diem**

- A. For any inmate placed in a work release program or private industry job, a per diem rate of 25% of his/her income shall be charged to the inmate for food and lodging. The per diem for KDOC work release programs shall be returned to the State General Fund or to the political subdivision, federal government or community-based center for such inmate's food and lodging in work release; for non-KDOC work release programs it shall be placed in that entity's fund per internal policy; or if the inmate is participating in a private industry program other than work release, the minimum amount collected shall be deposited to the correctional industries fund.

**NOTE:** The policy and procedures set forth herein are intended to establish directives and guidelines for staff and offenders and those entities that are contractually bound to adhere to them. They are not intended to establish State created liberty interests for employees or offenders, or an independent duty owed by the Department of Corrections to employees, offenders, or third parties. Similarly, those references to the standards of various accrediting entities as may be contained within this document are included solely to manifest the commonality of purpose and direction as shared by the content of the document and the content of the referenced standards. Any such references within this document neither imply accredited status by a Departmental facility or organizational unit, nor indicate compliance with the standards so cited. The policy and procedures contained within this document are intended to be compliant with all applicable statutes and/or regulatory requirements of the Federal Government and the state of Kansas. This policy and procedure is not intended to establish or create new constitutional rights or to enlarge or expand upon existing constitutional rights or duties.

## **REPORTS REQUIRED**

None.

## **REFERENCES**

K.S.A. 75-5267, 75-5268, 2011 Supp. 75-5210(a)(k)&(m)  
KAR 44-7-108, *et seq.*, 44-8-101  
IMPP 04-109, 10-136, 11-101, 11-103, 11-106, 12-120  
ACO 2-4G-01  
ACI 3-4288, 3-4389, 3-4391, 3-4396, 3-4409

## **ATTACHMENTS**

Attachment A Screening/Referral for Work Release & Private Industry  
Attachment B Acknowledgement Concerning Work Release Placement  
Attachment C Work Release Plan for Inmates Managed as Sex Offenders

**SCREENING/REFERRAL FOR WORK RELEASE & NON-PRISON-BASED INDUSTRY EMPLOYMENT**

***Initial Screening by Unit Team***

Inmate Name & Number: \_\_\_\_\_ Date: \_\_\_\_\_

Unit Team Counselor Name & Phone #: \_\_\_\_\_

Inmate's release date (mandatory or released by PRB)? \_\_\_\_\_ To what county? \_\_\_\_\_

1. Does the inmate have a diagnosis of pedophilia, or an Axis I diagnosis of not otherwise specified exhibitionism, fetishism, frotteurism, sexual masochism, sexual sadism, transvestic fetishism or voyeurism? ☐ Yes ☐ No If **yes, not eligible** to proceed.

2. Is the inmate managed as a sex offender, and has not completed sex offender treatment?  
☐ Yes ☐ No If **yes, not eligible** to proceed.

**Note:** If this referral is for private industry, the warden may approve placement if the offender is in treatment and making progress, and after consulting with treatment provider. Please indicate status of treatment and feedback from provider if this referral is for private industry: \_\_\_\_\_

3. Is the inmate physically capable of seeking and maintaining employment, with reasonable and available assistance for any physical limitation? ☐ Yes ☐ No If **no, not eligible** to proceed.

4. Does the inmate have any medical or mental health treatment need that cannot be adequately addressed in the work release setting, including access to medication?  
☐ Yes ☐ No If **yes, not eligible** to proceed.

5. Does the inmate have a history of escape from a secure facility in the last ten (10) years?  
☐ Yes ☐ No If **yes, not eligible** to proceed.

6. Is the inmate currently, or has s/he within the past year, been involved in organized criminal activities, including gang or security threat group activities? ☐ Yes ☐ No If **yes, not eligible** to proceed.

7. Has the inmate been convicted of a Rule 1 disciplinary infraction or Rule 2 infraction for arson, or dangerous contraband not involving a weapon or statutory violation (felony crime) within the last six (6) months? ☐ Yes ☐ No If **yes, not eligible** to proceed.

8. Does the inmate have a pending felony detainer? ☐ Yes ☐ No If **yes, not eligible** to proceed.

Describe/explain detainer: \_\_\_\_\_

9. Does the inmate's history reflect current, ongoing violent, assaultive or dangerous behavior?  
☐ Yes ☐ No If **yes, not eligible** to proceed.

10. Are there any other indicators that this inmate is too great a risk to the community if placed in a work release setting, known to you? ☐ Yes ☐ No If **yes, not eligible** to proceed.

Briefly describe: \_\_\_\_\_

\_\_\_\_\_



**NOTE:** If the above answers (1 – 10) indicate that this inmate **is not** eligible for work release, but for some reason you believe s/he should be considered, please explain why:

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**NOTE:** If the above answers (1 – 10) indicate that this inmate **is** eligible for work release, but for some reason you believe s/he **should not** be considered, please explain why:

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***Referral to Work Release***

If after screening, unit team concludes a referral to work release is appropriate, complete the following:

Inmate Name & Number: \_\_\_\_\_ Date: \_\_\_\_\_

Unit Team Counselor Name & Phone #: \_\_\_\_\_

Inmate's release date (mandatory or released by PRB)? \_\_\_\_\_ To what county? \_\_\_\_\_

To which work release program is this referral being made?

**Choice #1:** ☐ WWRF ☐ HCF ☐ Johnson County ☐ Shawnee County ☐ TCF

☐ Other (describe): \_\_\_\_\_

**Choice #2:** ☐ WWRF ☐ HCF ☐ Johnson County ☐ Shawnee County ☐ TCF

☐ Other (describe): \_\_\_\_\_

A. Employability

What is the inmate's work history; LSIR education/employment score; and what job readiness classes has s/he done?

**Completed OWDS already?** ☐ Yes ☐ No

**Risk level on education/employment:** ☐ Low ☐ Moderate ☐ High

**Comments:** \_\_\_\_\_

\_\_\_\_\_

B. Relevant substance abuse history (e.g., recent use, treatment, impact on employment in the past, etc.)

**Completed CDRP, SARP, SAP or TC?** ☐ Yes ☐ No If yes, which one: \_\_\_\_\_

**Has inmate had past community treatment?** ☐ Yes ☐ No

**Comments:** \_\_\_\_\_

\_\_\_\_\_

C. If the inmate is high or moderate risk for anti-social thinking, based on the LSIR attitudes/orientation, criminal history, companions and/or leisure time domains, what has been done to address this, if anything (e.g., completed *Thinking for a Change*).

**Attitudes & Orientation score:** \_\_\_\_\_

**Completed Thinking for a Change?** ☐ Yes ☐ No

**Comments:** \_\_\_\_\_

\_\_\_\_\_

D. Has the inmate completed a work release readiness class?

**Completed work release readiness class?** ☐ Yes ☐ No

**Comments:** \_\_\_\_\_

\_\_\_\_\_

- E. What is the status of the inmate's identification (driver's license, birth certificate, social security card); and if the inmate was required to register for selective service, was this done/when? \_\_\_\_\_

**Note:** This issue should be addressed before sending the inmate to work release.

**Has a birth certificate?** ☐ Yes ☐ No

**Has a social security card?** ☐ Yes ☐ No

**Has a valid driver's license?** ☐ Yes ☐ No

**Has a valid Kansas ID?** ☐ Yes ☐ No

**Has registered for selective service?** ☐ Yes ☐ No ☐ Not required to register

**Comments:** \_\_\_\_\_

\_\_\_\_\_

- F. Is the inmate eligible for employment assistance through vocational rehabilitation or veteran status?

☐ Yes ☐ No

- G. If there is a pending detainer (not felony)? If so, what has been done to address it, and what is the status?

**Pending non-felony detainer?** ☐ Yes ☐ No

**Comments:** \_\_\_\_\_

\_\_\_\_\_

- H. Does this inmate have a "pro-social" support person, *including a matched mentor*, and if so, who? Will the inmate continue to have access to this support if s/he goes to work release?

**Has a support person?** ☐ Yes ☐ No

**Has a mentor?** ☐ Yes ☐ No

**Comments:** \_\_\_\_\_

\_\_\_\_\_

- I. Is work release placement a goal in this inmate's case plan and/or is this referral made at the recommendation of the Prisoner Review Board?

**Work release is a goal in case plan?** ☐ Yes ☐ No

**Work release has been recommended by the Prisoner Review Board?** ☐ Yes ☐ No

If "yes," please state specifically what recommendation the PRB made, and when.

**Comments:** \_\_\_\_\_

\_\_\_\_\_

- J. Is there any pending mental or medical health issue that work release should know about, and if so, what is the status?

**Pending mental and/or medical issue?** ☐ Yes ☐ No

**Comments:** \_\_\_\_\_

\_\_\_\_\_

- K. Is there any other information you think would be useful to making the decision about whether to place this inmate in work release, or about what case management and job assistance the inmate may require once at work release if admitted into the program?

**Comments:** \_\_\_\_\_

\_\_\_\_\_

***Processing the Referral for Work Release***

1. If the offender is **managed as a sex offender**, referral was sent to the Director of Sex Offender Management and then Deputy Secretary of Facilities Management or designee?  
☐ Yes ☐ No Date: \_\_\_\_\_  
Comments/Result: \_\_\_\_\_  
\_\_\_\_\_
2. If the offender is not a sex offender, or after #1 above, referral was sent to Unit Team Manager for approval? ☐ Yes ☐ No Date: \_\_\_\_\_  
Comments/Result: \_\_\_\_\_  
\_\_\_\_\_
3. If approved by Unit Team Manager, referral was sent to Classification Administrator for approval?  
☐ Yes ☐ No Date: \_\_\_\_\_  
Comments/Result: \_\_\_\_\_  
\_\_\_\_\_
4. If approved by Classification Administrator, referral was sent to facility's PMC?  
☐ Yes ☐ No Date: \_\_\_\_\_  
Comments/Result: \_\_\_\_\_  
\_\_\_\_\_
5. If approved by PMC, referral was sent to Victim Services, Mental Health, and Medical for input?  
☐ Yes ☐ No Date: \_\_\_\_\_  
Victim Services Input: \_\_\_\_\_  
Mental Health Input: \_\_\_\_\_  
Medical Input: \_\_\_\_\_
6. If referral has been given final approval (i.e. PMC has approved and all feedback has been given), the referral was sent for processing to designated point of contact for the appropriate work release program?  
☐ Yes ☐ No Date: \_\_\_\_\_  
Comments/Result: \_\_\_\_\_  
\_\_\_\_\_

**Note:** If this referral is for non-prison-based private industry employment at another facility, complete the first two pages and send it to your Classification Administrator, who will send it to the Classification Administrator of the receiving facility.

INMATE ACKNOWLEDGMENT CONCERNING WORK RELEASE PLACEMENT

I, \_\_\_\_\_, # \_\_\_\_\_ have agreed to be placed in a work release program of the Kansas Department of Corrections at the following facility \_\_\_\_\_. With respect to that placement, I fully understand, agree and acknowledge the following:

1. That I may be terminated from the program, prior to and without successful completion of the program, for any of the following reasons:
  - a. Refusal to complete this acknowledgement;
  - b. Failure to comply with all rules, general orders, policies and procedures of the department and program;
  - c. Failure to remain in the facility at all times except when going to/coming from work, or as approved for job searching, job training, or point-to-point passes.
  - d. If I am a sex offender, failing to follow treatment requirements, my work release plan as developed with unit team and SOTP treatment staff, or my having contact through a third-party contrary to IMPP 15-101.
  - e. Failing to work conscientiously or effectively toward getting or keeping employment after a reasonable time and after receiving reasonable support in this effort, including if the inmate is terminated for cause or under circumstances that indicate the inmate's risk has become unacceptable;
  - f. Being subject to disciplinary action as a result of a serious rule violation or repeated minor conduct rule violations which become unduly disruptive or create too much risk;
  - g. Being involved in criminal activity or suspected of criminal activity which is referred for prosecution;
  - h. Being unable to conform to the program structure or rules based on documented situations;
  - i. Bringing discredit to the work release program;
  - j. I request to be removed from the program;
  - k. I leave the facility without proper authorization or fail to return as directed or scheduled; and/or,
  - l. If for any other reason the Secretary or designee, or any program, unit team and/or treatment staff conclude my continued participation in the work release program creates an undue risk to the facility, the community or me.
2. That I have no due process protection against or upon termination from the program, and am not entitled to a hearing of any type or sort prior to, after or in connection with my termination from the program.
3. That I have no due process protection against my personal property being controlled as per the provisions of IMPP 11-101 (Inmate Privileges and Incentives).
4. That I have no due process protection against or upon being transferred to another facility if my termination from the program gives rise to the need to transfer me to another facility; and I am not entitled to a hearing of any type or sort prior to, after or in connection with my transfer to another facility.
5. If terminated from a work release program for disciplinary reasons I will be placed on Incentive Level I.

\_\_\_\_\_  
Inmate's Signature

\_\_\_\_\_  
KDOC#

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness' Signature

\_\_\_\_\_  
Date

### **Inmate Managed as a Sex Offender – Work Release Plan**

The Inmate shall participate in and cooperate with the Unit Team and SOTP Community Program Provider by describing the areas in their deviant cycle as they relate to the work release responsibilities. Then record below how the inmate will manage those responsibilities. If necessary, include the prohibited contact with minors/children as noted in the SOTP Discharge Summary with each applicable responsibility. Note: This plan may be modified as the inmate progresses in treatment.

EMPLOYMENT:

TRANSPORTATION:

TRANSPORTATION PRIVATELY OWNED VEHICLE:

WALK ROUTES:

CHURCH:

LIBRARY:

SHOPPING TRIPS:

SELF HELP PROGRAMS:

MEDICATION:

COMPUTER ACCESS:

SUBSTANCE ABUSE:

VISITATION:

OTHER:

INMATE SIGNATURE: \_\_\_\_\_

COMMUNITY TREATMENT PROVIDER SIGNATURE: \_\_\_\_\_

UNIT TEAM MEMBER SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_